								Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003													
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALI TYPE	SMALL ENTITY		OR	OTHER SMALL E		
TOTAL CLAIMS							RAT	Ε	FEE	ſ	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		BASIC	FEE	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			minus 20::				XS S	XS 9≈		OR	X\$18=		
INDEPENDENT CLAIMS			minus 3 =				X43	X43::			X86=		
MU	LTIPLE DEPEN	DENT CLAIM PF	RESENT				+145.			OR	+290×		
١١ ٠	the difference	in column 1 is l	less than zero lenter 10 in column 2				101	1014			TOTAL		
CLAIMS AS AMENDED - PART II								, (OTHER	THAN	
	e Agranda e Agrae pro a como de							i i. t	NTITY	e dis	SMALL.		
AMENDMENT A		ел Самония КЭТ ТА ТИЗМОИЗМА		79-49 8 - 73 1 3 1940 -	11 : 1		177.1	!	FIGURAL.		16641	HONAL HONAL	
	Total	. 25	Minus	. 8	5		X\$ 6) _		OR	X\$18		
	Independent	* 3	Minus	•••	3	_/	X43			OB	X86≔		
⋖	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										+290=		
	+145= 1014L									OR	TOTAL	-/	
								FEE	<u></u>	JOR	ADDIT FEE		
AMENDMENT B		(Column 1) CLAIMS	<u> </u>	HIGH	чест	(Column 3)			ADDI	1		ADDI-	
		REMAINING AFTER AMENDMENT		FIGEN	IBER OUSER FERR	PRESENT	17/5.1	T F	TIONAL FFE		RATE	TIONAL FEE	
	Total		tAusus.					٠,		्पन	(\$18).		
	Inaupendent	•	Minus	***		z.	X4:	; ;·		OR	X8G=		
L	FIRST PRESENTATION OF MULTIPLE DEPCHDENT CLAIM						1 +14	.	<u> </u>	OR	000		
							ADDIT			OF	TOTA ADDIT: FE	i. E	
		(Column 1) (Column 2) (Column 3)						•					
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIG NUI PREV	HEST MBER IOUSLY D FOR	PRESENT EXTRA	HA	IË	AUÜI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	fr.ft.		=	XS	9=		OF	X\$18=		
	Independent	*	Minus	444		=]			OF	V06-		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						J		-	1			
		mn 1 is less than t	the entry in column 2 wri		te "O" in column 3		+14			OF	TOTA		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OF	ADDIT. FE		
	The *Highest Nur	nber Previously Pa	aid For" (Total	or Indepen	ident) is the	e highest numb	er found in	the a	ppropriate b	ox in	column 1.		